

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE §1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**



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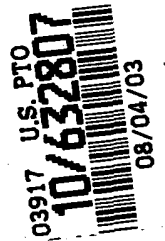
PATENT TRADEMARK OFFICE

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Docket No.: 58268.00238

Date: August 4, 2003



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAILSTOP PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): ENTERPRISE WIRELESS LOCAL AREA NETWORK
SWITCHING SYSTEM

By (Inventors): Kar-Wing Edward LOR; Richard MARTIN; and Alarabi Omar
HASSEN

- ☒ 64 pages of Specification/Claims 1-40/Abstract are attached.
- ☒ Formal drawings (Figs. 1-14; 8 sheets) are attached.
- ☒ A Declaration and Power of Attorney is attached.
- ☒ An assignment of the invention to Broadcom Corporation is attached, along with Form PTO-1595 and a check for \$40.00.
- ☒ An Information Disclosure Statement is attached, along with Form PTO-1449, and 36 references.
- ☐ This application is entitled to Small Entity Status.
- ☒ A Preliminary Amendment is attached.
- ☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____. --

☐ Priority of foreign application No. _____ filed _____ in _____ is claimed under 35 U.S.C. §119.

☒ Priority of U.S. Provisional Application No. 60/416,528 filed October 8, 2002 is claimed under 35 U.S.C. §119(e).

☐ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

| | | | SMALL ENTITY | | | LARGE ENTITY | |
|--|-----------|-----------|--------------|--------|----|--------------|--------|
| FOR: | NO. FILED | NO. EXTRA | RATE | FEE | OR | RATE | FEE |
| BASIC FEE | | | | \$ 375 | OR | | \$ 750 |
| TOTAL CLAIMS | 60 - 20 | = 40 | x 9 = | \$ | OR | x 18 | \$ 720 |
| INDEP CLAIMS | 4 - 3 | = 1 | x 42 = | \$ | OR | x 84 | \$ 84 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS | | | +140 = | \$ | OR | +280 | \$ |
| | | | TOTAL | \$ | OR | TOTAL | \$1554 |

☐ A check for the filing fee is not enclosed at this time.

☒ Check No. 010328 in the amount of \$1594.00 (\$1554.00 for the filing fee and \$40.00 for the Assignment Recordation Fee) is attached. Please charge any fee deficiency or credit any overpayment to Counsel's Deposit Account No. 50-2222.

Respectfully submitted,



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KFT/lls